

Annual Leak Monitoring and Overfill Protection Test Form For Underground or Aboveground Storage Tank Systems

*N. H. Code of Administrative Rules Env-Or 406.18 and Env-Or 406.20 (for UST Facilities) and
N. H. Code of Administrative Rules Env-Or 306.12, (for AST Facilities)*

The New Hampshire Department of Environmental Services (NHDES) has developed this form to document the required annual testing of leak monitoring and/or overfill protection equipment at this UST or AST storage facility.

Facility Name: Shop Express Laconia UST ☒ AST ☐ DES Site No. / Facility No. 199801035 / 0111173

Facility Address: 297 Union Ave City: Laconia Zip: 03246

A. Annual Leak Monitoring and/or Overfill Protection Test Results

Complete the following checklist using: **Y = Yes, N = No, N/A = Not Applicable**

1. Leak monitor and/or overfill protection equipment. List all tested with manufacturer's name and model#: Leak Monitor: Veeder Root TLS-350

		Tank #:	5	6			
2.	Leak monitor console assignments are correctly programmed and labeled for all sensors.	Y	Y				
3.	<u>Tank</u> secondary containment sensor is positioned per manufacturer's requirements.	Y	Y				
4.	<u>Piping</u> secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements to monitor all containment.	Y	Y				
5.	Brine level of the tank interstitial space is within the manufacturers operating range.	N/A	N/A				
6.	All secondary containment is liquid tight and free of debris, water and regulated substance.	Y	Y				
7.	All sensors were visually inspected, manually tested, confirmed operational and reset.	Y	Y				
8.	The leak monitor console <u>audible</u> alarm is confirmed operational and reset.	Y	Y				
9.	The leak monitor console <u>visuals</u> alarms are operational and reset.	Y	Y				
10.	The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station.	N/A	N/A				
11.	Overfill alarm sensors and shutoff devices, as applicable, were manually activated and verified to be at the proper operational setting. (Required Triennially for USTs, Annually for ASTs)	N/A	N/A				
12.	In summary, the leak monitor and/or overfill protection systems are confirmed to be in proper operation per manufacturer's requirements. All sensors are reset and alarms have been cleared.	Yes					

If your answer is **No**, then describe on the reverse side of this form how and when these items will be corrected.

*Comments:

B. Certification

I hereby certify that the equipment identified in this document was tested for proper operation in accordance with manufacturer's requirements.

Name (print): Kiawa Krzuik Company Name: Roy Petroleum, LLC

Company Address / State / Zip: PO Box 738, Goffstown, NH 03045

Tester's Signature:  Phone No.: (413) 627-2577 Test Date: 9/25/20

C. Record Keeping and Reporting Instructions

- Keep a completed copy of this form for owner/operator records.
- The owner/operator must submit a copy of the annual test report to NHDES within 30 days of testing to:

NH DEPARTMENT OF ENVIRONMENTAL SERVICES
OIL REMEDIATION AND COMPLIANCE BUREAU
PO BOX 95, CONCORD NH 03302-0095

Phone # (603) 271-3899

Fax # (603) 271-2181

February 2014



ANNUAL LINE LEAK DETECTOR TEST FORM FOR AST and UST SYSTEMS

N. H. Code of Administrative Rules Env-Or 400 (UST Rules), 406.16, and Env-Wm 1402 or Env-Or 300 (AST Rules)

The New Hampshire Department of Environmental Services has developed this form to help you document the required annual testing of the line leak detector (LLD) at this storage tank facility. Please consult with the LLD manufacturer for specific guidelines on testing.

Facility Name: Shop Express Laconia DES Facility # / Site #: 0111173 / 19981035

Facility Address: 297 Union Ave City: Laconia Zip: 03246

1. Where required by rules, all pressurized piping shall be equipped with an automatic line leak detector, which shall restrict or stop the flow of the stored substance upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10 pounds per square inch line pressure. Automatic line leak detectors shall be tested annually to confirm that they are operating according to manufacturer's requirements. **The test results shall be submitted by the owner to the division no later than 30 days after the date of the test.**

2. Line leak detector is required to be tested in-place. Do not remove and test outside the system.

Test Information and Results

UST ☒ AST ☐

Test Date: 9/25/20

Tank Number: (for split tanks use 1(a), (b))	Tank # 5	Tank # 6	Tank #	Tank #	Tank #
Test Location:	Dispenser	Dispenser			
Product Stored: (gas, diesel, etc.)	Gas- RUL	Gas- SUP			
Capacity: (gallons)	10,000	10,000			
LLD Manufacturer:	VMI	Red Jacket			
LLD Model Number:	99-LD2000	FX2V			
Tested Leak Rate: (gallons per hour)	3.0	3.0			
Results:	Pass	Pass			

Complete following only if any of the above LLDs have failed and replaced with NEW LLDs.

REPLACED LLD Manufacturer:					
LLD Model Number:					
Tested Leak Rate: (3 gallons per hour max.)					
Results:					

*Comments:

An automatic line leak detector failure shall be indicated by a leak rate of greater than 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within one hour. The failed line leak detector shall be repaired or replaced immediately. The affected piping system(s) shall be taken out of service until satisfactory repairs are made or the line leak detector is replaced.

Verification – I hereby verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers' requirements.

Technician Name (print): Kiawa Krzcuik Testing Company Name: Roy Petroleum, LLC

Testing Co. Address / State / Zip PO Box 738, Goffstown, NH 03045

Signature:  Phone No: 413-627-2577 Date of Test: 9/25/20

Stage I

Yearly



Maintenance Inspections of Vapor Recovery System for AST/UST Gasoline Dispensing Facilities

The owner or operator of a gasoline storage tank at a gasoline dispensing facility or a bulk gasoline plant subject to Env-Or 504.01 shall perform a yearly maintenance inspection:

1. No later than September 30 of each calendar year, and
2. At least 10 months between each inspection.

Facility Name: <u>Shop Express Laconia</u> Insp. Date: <u>9/25/20</u>					
AST/UST Facility ID Number: <u>0111173</u>					
Name of person conducting inspection: <u>Kiawa Krzcuik (Roy Petroleum)</u>					
	T# 5	T# 6	T#	T#	T#
(1) Perform all items specified in Stage I Monthly Maintenance Inspection.	✓	✓			
(2) Replace or permanently plug each drain valve located in each spill bucket.	N/A	N/A			
(3) Verify that adaptor caps and dust covers are not in contact with overlying access covers.	✓	✓			
(4) Measure the distance between the tank bottom and the submerged fill tube end to insure a clearance of no more than 6 inches. If necessary, modify the submerged fill tube.	✓	✓			

The owner or operator must document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records.

Please contact the New Hampshire Department of Environmental Services at (603) 271-3899 with any questions.

Containment Sump Testing

Roy Petroleum, LLC

Test Date: 9/25/20

Facility: Shop Express
NH Facility #0111173
297 Union Ave
Laconia, NH 03246
604-557-6916

Customer: Shop Express
Attn: Tanveer Chaudhry
297 Union Ave
Laconia, NH 03246
603-934-3877

☐ Incon TS-STC Containment Sump Test (Hydrostatic)

(Leak threshold is .002 inch maximum loss in 15 minutes).

☐ OMNTEC OEL8000II CLD Containment Sump Test (Hydrostatic)

(Leak threshold is .002 inch maximum loss in 15 minutes).

☒ Mark Sump (1, 3 or 24 Hour Hydrostatic Test)

Test Procedure: The sump is filled with water. The water level is marked. After the test period, the water level is checked making sure that there is no change in level.

☐ Vacuum Test

Test Procedure: A vacuum of 30" W.C. is applied to the containment. After 1 minute, the vacuum level is checked making sure there is no loss greater than 4" W.C. of vacuum.

Containment Sump Type STP Sump Dispenser Pan (UDC) Spill Bucket Piping/Transition Sump Fill Sump	State/Client Tank #	Product Grade	Containment Manufacturer Name & Model	Primary/Secondary Containment Free of Debris, Water & Regulated Substance	Test Start Time	Hydrostatic Test Begin Level (inches)	Hydrostatic Test End Level (inches)	Test End Time	Measured Loss (inches)	Test Result- Containment in Proper Operation Per Manufacturer's Requirement (Pass / Fail)
Fill Spill Bucket	5	Gas- RUL	Fairfield SCM-5	Yes	2:44 PM	11.50	11.50	3:44 PM	0.00	PASS
Vapor Spill Bucket	5	Gas- RUL	Fairfield SCM-5	Yes	3:12 PM	11.50	11.50	4:12 PM	0.00	PASS
Fill Spill Bucket	6	Gas- SUP	Fairfield SCM-5	Yes	2:41 PM	11.50	11.50	3:41 PM	0.00	PASS
Vapor Spill Bucket	6	Gas- SUP	Fairfield SCM-5	Yes	3:14 PM	11.50	11.50	4:14 PM	0.00	PASS

Comments: Hydrostatic testing of the Fill & Vapor spill buckets passed.

Testing Performed By: Kiawa Krzcuik

Signature:

